



Eligibility Criteria – Hanford Employee Welfare Trust (HEWT) Health Plans

Retirees Under Age 65

Effective 1/1/2022

Dependents

Your eligible dependents include:

1. *your legal spouse, or Domestic Partner* as recognized by Washington State law, unless he or she is currently enrolled in one of the HEWT-sponsored medical/vision plans.
2. *your unmarried children*, under limiting age (under age 23 for UnitedHealthcare and under age 26 for Kaiser Permanente), that you provide over 50 percent of their support and maintenance, provided they are not:
 - (a) in the active military service; or
 - (b) married
 - (c) employed full-time; or
 - (d) eligible for any other group health benefits through their employer.

The term *children* means: natural children, legally adopted children, stepchildren, and other children where the retiree or spouse has legal guardianship, custody, or conservatorship evidenced by a court order.

You are not able to add any dependents to your plan after you retire. If you defer your coverage, you may only cover those listed at the time of deferral and eligible at the time you reinstate your coverage.

Dependent Coverage Beyond Limiting Age for Disabled Children:

Your disabled children may continue coverage if **medically certified as disabled** (contact HEWT Benefits Administration for paperwork and instructions) just prior (60 days) to the limiting ages as listed above. A disabled child is defined as:

1. the child is not able to be self-supporting due to disability, and
2. the child is principally dependent on the employee for support, and
3. the child was covered as a dependent prior to limiting age
4. proof of the child's condition and dependence is submitted prior to *limiting age*

The HEWT may require that the disabled child be examined by a physician chosen by and at the cost to the HEWT. You may be required to continue to provide proof that the child meets the conditions of incapacity and dependency. If proof is not provided of the child's incapacity and dependency within 30 days of request, coverage for the child may end.

Other Eligibility Rules

No one can be covered more than once in a HEWT-sponsored medical/vision and dental plan. For example, an individual cannot enroll as an employee, retiree, or COBRA participant, and also be covered as a dependent of another employee, retiree, or COBRA participant. No one can be covered as a dependent child of more than one HEWT-eligible participant.

When can you enroll?

Eligible retirees and their dependents can enroll:

1. During the Annual Benefits Enrollment if they have deferred coverage. Coverage for eligible employees and dependents begins on January 1 of the following calendar year.

2. Within 31 days of losing other coverage if they have deferred coverage, with a Certificate of Coverage from prior plan.

Benefits Administration Contact:

Help Line: 1-509-376-6962
External email: Benefits-HEWT@rl.gov

At Age 65

As retirees/dependents reach age 65, they will transition to Via Benefits to participate (if eligible) in the Health Reimbursement Arrangement.

If you currently have a disabled child enrolled in your HEWT medical plan, for the child to continue their medical coverage they must be certified disabled prior to the retiree reaching age 65. For information about continuing coverage for your disabled child, contact HEWT Benefits Administration at least 3 months prior to the retiree's 65th birthday.

Life Events

In the case of dropping dependents who become ineligible, or due to death or divorce, notify Benefits Administration at the phone number or email above immediately. You will need to obtain the necessary forms to complete to ensure your records are updated and the premiums are adjusted for the future.

When an ineligible dependent's coverage is cancelled retroactively, the retiree will not receive a refund of contribution for the ineligible timeframe, and the retiree may be responsible for the cost of medical services provided during that time. It is the retiree's responsibility to provide accurate information on dependents and to remove them when they are no longer eligible for coverage.

Disqualification for Benefits

Your eligibility to participate in the applicable Plans will end:

- in accordance with the terms of the applicable Summary Plan Description (SPD);
- when the Plan is discontinued or terminated;
- when you fail to make any required contribution;
- for an enrolled dependent, when he or she no longer meets the requirements to remain an eligible dependent;
- as a result of material misrepresentation, fraud, or omission of information in order to obtain coverage for a participant or others.

COBRA

Continued health coverage may be available under provisions of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) to employees, dependents and former spouses who lose group coverage for reasons including termination or death of the employee, loss of eligibility by a dependent child, or divorce. In the case of divorce and loss of dependent eligibility, COBRA continuation coverage can continue up to 36 months as long as he or she continues to be eligible and pays the required premium.

However, to be eligible for COBRA continuation coverage, the employee or qualified beneficiary that is losing coverage must notify the HEWT Plan Administrator within 60 days of the employee's divorce, or an enrolled dependent's loss of eligibility as an enrolled dependent.

The above reflects rules for eligibility for HEWT-sponsored health plans that are currently in effect. Eligibility rules comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA). Plan coverage provisions, contribution rates and eligibility requirements are subject to change. These eligibility provisions may be different from the certificate of coverage. In those cases, the above rules apply.